

L. N. Chis
M.C.
PRSRT STD

**Congressman Tom McClintock Holds
Health Care Town Hall Meetings**

Congressman McClintock discusses his health care reform plan at a recent town hall meeting (photos, below and right) focusing on ensuring access for all Americans, making health care more affordable and empowering patients to make their own decisions.



For more information, or to
send an e-mail, go to
McClintock.house.gov

HEALTH CARE SURVEY

1. Are you happy with your current health care coverage?

☐ Yes ☐ No ☐ Unsure

2. Do you support the creation of a new, government-run health care system?

☐ Yes ☐ No ☐ Unsure

3. Do you think government spending is:

☐ Too High ☐ Too Low ☐ About Right

☐ **Yes! Sign me up for Tom McClintock's e-newsletter.**
E-mail: _____

☐ **Yes! Sign me up for Tom McClintock's regular
Telephone Town Hall Meetings.**
Phone Number: _____

5. Please share your thoughts and concerns about health care reform:



HEALTH CARE TOWN HALL REPORT

FROM THE OFFICE OF CONGRESSMAN
TOM McCLINTOCK

Dear Friend:

I want to thank all of you who joined one of the five town hall meetings that I held around the district. We had the largest public meeting in the history of Susanville, and in Nevada County we had to do two meetings back-to-back to accommodate the crowd.

The discussions were lively but civil and one thing came through loud and clear. I took a voice vote at each of the town halls, and at every one—by wide margins—people are rejecting the government-run option. Overwhelmingly, they favor increasing the individual's role in making health care decisions—and ensuring our tax system leaves people with enough money to do so.

For those of you who couldn't join me, I hope you take the time to fill out the attached survey. There is space there for you to tell me what you think is the best way to reform our health care system.

Sincerely,

L. N. Chis

Tom McClintock

Tom McClintock discusses health care with local constituents at his town hall meeting in Granite Bay on September 1, 2009.



THE HOUSE MAJORITY'S GOVERNMENT-RUN HEALTH PLAN

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A few years ago, a man came to me who lost his job—and therefore his insurance—and when he tried to get health insurance he was turned down because he had a pre-existing condition: bursitis. He was not worried about bursitis. He was worried about a catastrophic accident or illness. He wanted to buy a policy for that, and deal with the bursitis himself. The response was, such a policy could not be written—it's against the law. If we can restore freedom to write such policies, and isolate pre-existing conditions, then we will have addressed the largest part of the problem. And for those cases that aren't bursitis but something life-threatening like cancer, we have a model that we already know works with auto insurance—the assigned risk pool. If a driver is too risky to get affordable insurance, that driver is placed in the assigned risk pool and the cost is diffused across the insurance base.

ORGANIZATIONAL CHART OF THE HOUSE DEMOCRATS' HEALTH PLAN

President | **U.S. Congress**

Federal Government:

- Treasury Dept. (IRS, Health Insurance Exchange Trust Fund, Clinical Preventive Services Taskforce)
- Health & Human Services Dept. (National Center for Health Workforce Analysis, Advisory Committee on Health Workforce & Evaluation, NPDB, HRPOB, AHRQ, Center for Quality Improvement, Low-Income Subsidy, Reinsurance Program, Private Insurers, Traditional Health Insurance Plans, Public Plan Ombudsman, Special HIE Inspector General)
- Veterans Administration
- Defense Dept.
- Labor Dept. (Nurse Education & Training)

State Government:

- CMS (Medicaid, S-CHIP, Medicare)
- Public Health Investment Fund
- Surgeon General
- Bureau of Health Information
- Language Demonstration Program
- Accountable Care Organization
- National Priorities for Performance Improvement
- Financial Disclosure Reports: Any Transfers between Providers & Suppliers
- Cultural & Linguistic Competence Training
- Health Care Providers

Local/Individual Level:

- Consumers (Mandate: Buy Insurance, Taxes, Health Affordability Credits)
- Employers (Mandate: Provide Insurance, Taxes, Small Business Tax Credits)
- States (Regulations, Mandates, State Health Agencies, state Health Information Exchanges)
- Health Care Goods & Services

Other Key Entities:

- Health Benefits Advisory Committee
- National Coordinator for Health IT
- Office of Civil Rights
- Office of Minority Health
- Public Health Workforce Corps
- Community Health & Care Centers
- Comparative Effectiveness Research Commission
- Ombudsman
- Advisory Panels
- CER Trust Fund

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